QPP Roundup: May 2018

Providing monthly updates on PAI's activities and QPP news for you and your practice.

PAI's QPP Tip of the Month - Check Your Eligibility!

CMS released the 2018 MIPS Lookup Tool that allows you to determine if you are required to participate in MIPS for the 2018 performance year.

By entering your 10-digit National Provider Identifier (NPI) number into the MIPS Lookup Tool, you can view your MIPS participation status by Performance Year. Later this spring, CMS will add 2018 Alternative Payment Model (APM) participation and predictive Qualifying APM Participant (QP) status to the tool.

PAI's MACRA QPP Resource Center and the CMS QPP Resource Library include additional resources on QPP, MIPS, and Advanced APMs and updated materials for 2018.
Post-2017 Submission Period, What's Next?

CMS officially closed the inaugural submission period for the 2017 Performance Year on April 4, 2018. With the first year behind us, we applaud all current and future participants. Your efforts are part of a journey toward value-based care. So, now what?

1. Review your MIPS Preliminary Feedback report by logging onto the CMS portal via Enterprise Identity Management (EIDM). CMS will release the MIPS Final Feedback report by July 1, 2018.

2. Follow PAI’s QPP Tip of the Month and check your eligibility. CMS updated the participation tool on the QPP website with eligibility calculations for 2018.

3. Review the changes made in the 2018 final rule for participation in the MIPS and the Advanced APM pathways. PAI’s QPP Resource Center reflects these changes and new requirements. The resources available include overviews of: each of the MIPS categories, MIPS scoring and payment adjustment, MIPS-reporting mechanisms, Advanced APMs, and Advanced APM participation requirements.

CMS Issues New Request for Information (RFI) on Direct Provider Contracting (DPC) Models

At PAI’s urging, CMS announced last week it will facilitate “direct provider contracting” (DPC) models that allow physicians to enter into arrangements to care for a fixed population of Medicare or Medicare patients.

CMS released a new RFI, seeking input on the development of DPC models between payers and primary care or multi-specialty groups within the Medicare fee-for-service (FFS) program (Medicare Parts A and B), Medicare Advantage program (Medicare Part C), and Medicaid, to be tested through the CMS Innovation Center. Given the existing options for providers, the agency is seeking input on gaps a DCP model(s) could address and how existing initiatives could be strengthened. The RFI has 22 questions, grouped in the following categories:

- Provider/State Participation
- Beneficiary Participation
- Payment
PAI appreciates this signal that CMS has heard the input from physician organizations urging the agency to expand the opportunities for physician-led arrangements and will submit detailed comments to CMS in response to the RFI.

**CMS QPP Updates**

CMS posted several new fact sheets to its QPP Resource Library:

- [Quality Performance Category Fact Sheet](#) – overview of the quality category measures, performance and scoring.
- [CMS Web Interface Fact Sheet](#) – overview of the CMS Web Interface, one of the six ways to submit quality data. The CMS Web Interface allows you to submit all 15 CMS Web Interface quality measures, so you don’t have to search for and pick quality measures. It pre-selects a sample of your eligible Medicare Part A and Part B beneficiaries and pre-populates available demographic and utilization information for assigned and sampled beneficiaries.

CMS also uploaded presentation slides from HIMSS 2018:

- [Meaningful Measures Initiatives](#) – overview of high-impact measure areas and measure alignment across payers and/or programs.
- [Quality Payment Program Year 2](#) – overview of the Quality Payment Program, differences between the 2017 and 2018 Performance Years, and an outline of MIPS requirements.
- [Quality Payment Program: Advancing Care Information](#) – overview of 2018 Performance Year’s MIPS requirements and the Advancing Care Information Performance Category requirements and scoring.
- [Developer Tools Town Hall slides](#) – overview of the developer tools CMS is considering building.

Additional resources on MIPS and Advanced APMs are available on the [PAI’s QPP Resource Center](#) and the [CMS QPP Resource Library](#).
CMS Renames Advancing Care Information (ACI) Category

On April 24, CMS announced that it is renaming the Advancing Care Information (ACI) category to the Promoting Interoperability performance category. Please note that some resources may not be updated to reflect this change, so ACI should be cross-referenced to the Promoting Interoperability category.

CMS Upcoming Webinars

- CMS will hold a webinar on Wednesday, May 16, to answer FAQs on the QPP. Registration for the webinar is available here.

QPP in the News

Growing Chorus of Medical Associations Echo PAI’s Push for MIPS 90-Day Reporting Period

PAI has consistently urged CMS to offer a 90-day reporting period for quality data, and explicitly made the request in an August 2017 comment letter. Similarly, the American Medical Association, the Medical Group Management Association, and 47 other physician organizations sent a letter to CMS, calling for a MIPS burden reduction. Specifically, the letter urges the federal agency to

Time Out - Charting a Path for Improving Performance Measurement

A study published in the New England Journal of Medicine (NEJM) found that physician practices are spending $15.4 billion each year to report quality performance, 63 percent of physicians surveyed said that “current measures do not capture the quality of care that physicians provide.” Additionally, the study found that of the 271 QPP measures available for 2017 participation, only 37 percent were valid based on
shorten the quality data reporting period to 90 days (from 365). PAI will monitor developments on the initiative and engage as an important physician voice. Read the full letter here.

criteria established by the American College of Physicians.